

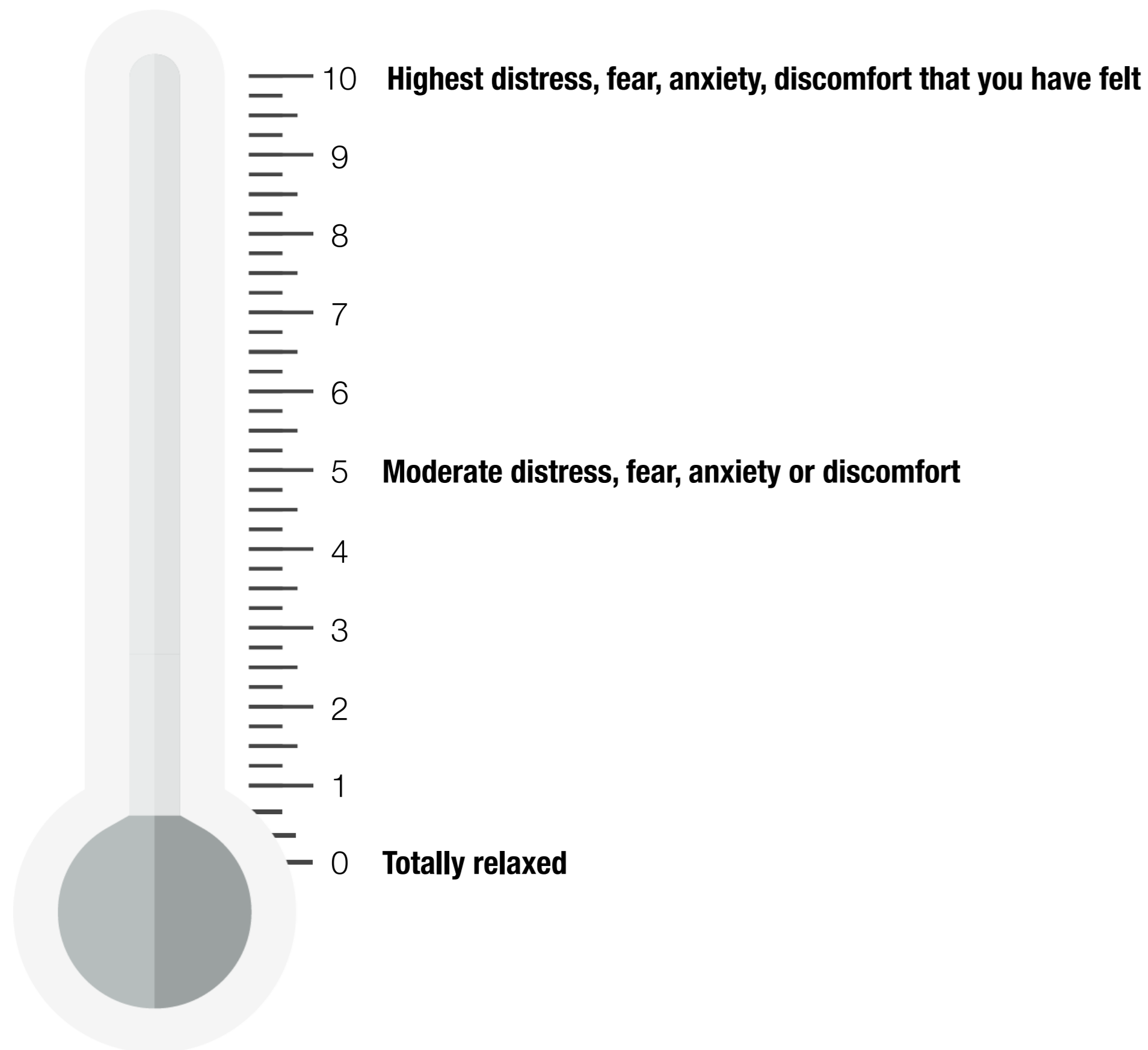
How Do You Feel?

Date: _____ Name: _____

BEFORE

The Distress Thermometer

Try to rate your feelings of distress, fear, discomfort, or anxiety on the thermometer



How Do You Feel?

Date: _____ Name: _____

AFTER

The Distress Thermometer

Try to rate your feelings of distress, fear, discomfort, or anxiety on the thermometer

